Participant ID:
{pid}

Date of Visit:
{d_form}

Acrostic:
{acrostic}

Administered By:
{compby}

Visit Code:
{visit_code}

Barcode:
{barcode}

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

{little_interest}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

2. **Feeling down, depressed, or hopeless**

{feel_down}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

3. **Trouble falling or staying asleep, or sleeping too much**

{sleeping}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

4. **Feeling tired or having little energy**

{tired}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

5. **Poor appetite or overeating**

{eating}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

6. **Feeling bad about yourself or that you are a failure or have let yourself or your family down**

{feel_bad}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

7. **Trouble concentrating on things, such as reading the newspaper or watching television**

{concentrating}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

8. **Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual**

{moving}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

9. **Thoughts that you would be better off dead, or of hurting yourself in some way**

{thoughts}

()
(0) Not at all
(1) Several days
(2) More than half
(3) Nearly every d

Total Score:

10. **If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

{difficulty}

()
(0) Not difficult at
(1) Somewhat diff
(2) Very Difficult
(3) Extremely diffi

Patient Health Questionnaire

PID:

ACROSTIC:

VISIT:

DATE of VISIT: ☐☐ / ☐☐ / 20☐☐

ADMINISTERED BY: ☐☐☐☐☐

Over the last 2 weeks, how often have you been bothered by any of the following problems? (*use "X" to indicate your answer*)		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
2.	Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐
3.	Trouble falling or staying asleep, or sleeping too much	0 ☐	1 ☐	2 ☐	3 ☐
4.	Feeling tired or having little energy	0 ☐	1 ☐	2 ☐	3 ☐
5.	Poor appetite or overeating	0 ☐	1 ☐	2 ☐	3 ☐
6.	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0 ☐	1 ☐	2 ☐	3 ☐
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0 ☐	1 ☐	2 ☐	3 ☐
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0 ☐	1 ☐	2 ☐	3 ☐
9.	Thoughts that you would be better off dead, or of hurting yourself in some way	0 ☐	1 ☐	2 ☐	3 ☐
	add columns		☐☐ +	☐☐ +	☐☐
	***For Administrative Use Only* - ENTER TOTAL SCORE:**		☐☐		

10.	If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?	☐ **Not difficult at all** ☐ **Somewhat difficult** ☐ **Very difficult** ☐ **Extremely difficult**